



AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

ACCREDITATION STATEMENT

The American Academy of Disability Evaluating Physicians (AADEP) designates this educational activity for a maximum of 8.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Academy of Disability Evaluating Physicians is accredited with commendation by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CERTIFICATION IN
AMA GUIDES TO THE EVALUATION
OF PERMANENT IMPAIRMENT,
SIXTH EDITION IS AVAILABLE!
Call 800.456.6095 x23 for details**

OBJECTIVES

Upon completing this course, the learner will be able to:

- Identify/learn necessary skills to apply *AMA Guides Sixth Edition* accurately;
- Identify/navigate potential problem areas of *AMA Guides Sixth Edition*;
- Complete at least one case study during each impairment segment;
- Assess the medical-legal impact of the *AMA Guides to the Evaluation of Permanent Impairment*;
- Identify/change practice patterns necessary to improve outcomes.

AADEP
AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

223 W Jackson Blvd
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Phone 312/663-1171
Fax 312/663-1175
www.aadep.org



AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

ACCEPT NO SUBSTITUTES! LEARN IT FROM THE BEST! *AMA GUIDES* *SIXTH EDITION* IMPAIRMENT RATING COURSE

AADEP EDUCATION AND YOU!

*Growing and Transitioning Your Medical Practice
Independent Medical Evaluations-Report Writing-
Depositions-Billing-Marketing*



FRIDAY, FEBRUARY 6, 2015
Tulsa County Medical Society
5315 South Lewis Ave
Tulsa, Oklahoma 74105

FACULTY

**Renowned Occupational Medicine physician,
contributor and reviewer for the
AMA Guides Sixth Edition
Douglas W. Martin, MD, FAADEP**

Others who may find this course useful include Chiropractors, Case Managers, Claims Representatives, Psychologists, Allied Health Professionals including Physical Therapists, Occupational Health Nurses, and Legal, Insurance, or Risk Management Professionals.

AMA Guides Sixth Edition Impairment Rating Course

Friday, February 6, 2015—Tulsa, Oklahoma

Friday, February 6, 2015

8:00am	PRE-TEST/Introduction to AADEP/ Introduction to Sixth Edition and Its Clarifications/Chapters 1 & 2
9:00am	Chapter 17: Spine and Pelvis
10:00am	BREAK
10:15am	Chapter 15: The Upper Extremity
12:00pm	LUNCH (PROVIDED)
12:30pm	Chapter 16: Lower Extremity
1:30pm	Chapter 13: Peripheral Nervous System
2:30pm	Chapter 3: Pain
3:00pm	BREAK
3:15pm	Chapter 14: Mental Disorders
4:00pm	Chapters 4-12 Highlights
5:00pm	Questions/Clarifications/POST-TEST
5:15pm	ADJOURNMENT

Reenergize your credentials! Become certified.
Register today for the
AADEP CEDIR EXAM
(Certification in Evaluation of Disability & Impairment Rating)
Friday @ 5:00pm
(immediately following course conclusion)
ACHIEVE A CEDIR
THE credential of competence
Register for just \$475
(Separate Registration Required)
This exam covers the *AMA Guides to the Evaluation of
Permanent Impairment*.

Other 2015 CME Opportunities

COMPREHENSIVE EDUCATION COURSE
Learn how to be a disability evaluator or how to run
your own IME practice from A to Z. This course covers
everything from doing the exam to writing the report
and how to testify.

Friday-Sunday, March 6-8, 2015
Chicago Marriott O'Hare
8535 West Higgins Road

Call 800.456.6095 x23 for more information!

Visit the AADEP website at www.aadep.org
for additional information on Membership/Fellowship,
additional courses, or other products and services offered.



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SIXTH EDITION Registration Form

Please print or type all information.
Complete one form per person.

NAME		NICKNAME	
<input type="checkbox"/> MD	<input type="checkbox"/> DO	OTHER	SPECIALTY
ADDRESS			
CITY		STATE	ZIP
TELEPHONE (O)		FAX NUMBER (O)	
E-MAIL ADDRESS (REQUIRED TO RECEIVE CONFIRMATION)			

Friday, February 6, 2015 By Jan 31 On-Site
 ALL ATTENDEES \$450 \$500

Payment Information

Make Check AADEP
Payable to: 223 W Jackson Blvd Suite 1104
Chicago, IL 60606-6900

Payment Amount: \$ _____

Card No.	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEX
Three/Four Digit Security Code:	_____	Expiration Date:	____ / ____
Billing Street Address Number ONLY:	_____	Billing Zip Code:	_____

Signature _____

CANCELLATION POLICY

There is a \$150 service fee for all cancellations received before 1/31/15.
No refunds for cancellations received after 1/31/15 or for NO SHOWS.